

# UNITED STATES BANKRUPTCY COURT

Northern DISTRICT Of Illinois

Rockford Division

In re: Clifford G. Polley  
Jennifer A Polley

Case No 09-74015

Chapter: 13

Property Address: 1201 LAKELAND DR ROCHELLE, IL 61068

Last four digits of any number you use  
to identify the debtor's account: 9167

Court Claim No. (if known) 1-2

## STATEMENT IN RESPONSE TO NOTICE OF FINAL CURE PAYMENT

As contemplated by Fed. R. Bankr. Proc. 3002

U.S. BANK, NATIONAL ASSOCIATION, AS SUCCESSOR TRUSTEE TO BANK OF AMERICA, N.A. AS SUCCESSOR TO LASALLE BANK, N.A. AS TRUSTEE FOR THE HOLDERS OF THE MERRILL LYNCH FIRST FRANKLIN MORTGAGE LOAN TRUST, MORTGAGE LOAN ASSET-BACKED CERTIFICATES, SERIES 2007-FF2

("Creditor") hereby responds to that certain Notice of Final Cure Payment ("Cure Notice") date 10/19/2012 and filed as Docket No. 50

### Pre-Petition Default Payments

Applicable option is checked.

- ☒ Agrees that Debtor(s) has paid in full the amount required to cure the default on Creditor's claim.
- ☐ Disagrees that Debtor(s) has paid in full the amount required to cure the default on Creditor's claim and states that the total amount due to cure pre-petition arrears is:

Total Amount Due: \$0.00

Attached as Schedule of Amounts Outstanding on Pre-Petition Claim is an itemized account of the pre-petition amounts that remain unpaid as of the date of this statement.

### Post-Petition Default Payments

Applicable option is checked.

- ☒ Agrees that Debtor(s) is current with respect to all payments consistent with § 1322(b)(5) of the Bankruptcy Code.
- ☐ Disagrees that Debtor(s) is current with respect to all payments consistent with § 1322(b)(5), and states that the total amount due to cure post-petition arrears is:

Total Amount Due: \$0.00

Attached as Schedule of Amounts Outstanding Post-Petition Claim is an itemized account of the post-petition amounts that remain unpaid as of the date of the Cure Notice. The amounts outstanding identified on the Schedule do not reflect amounts that became or may become due after the date of the Cure Notice, including any fees that may have been incurred in the preparation, filing, or prosecution of this statement.

The amounts due identified on this statement may not, due to timing, reflect all payments sent to Creditor as of the date of the Cure Notice. In addition, the amounts due may include payments reflected on the NDC but which have not yet been received and/or processed by Creditor.

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The person completing this statement must sign it. Sign and print your name and your title (if any), and state your address and telephone number if different from the notice address listed on the proof of claim to which this Supplement applies.

Check the appropriate box

☐ I am the Creditor

☐ I am the Creditor's authorized agent. (Attach copy of power of attorney, if any).

I declare under penalty of perjury that the information provided in this Statement in Response to Notice of Final Cure Payment is true and correct to the best of my knowledge, information and reasonable belief.

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Date (MM/DD/YYYY)

First Name:

Middle Name:

Last Name:

Title:

Company:

Address:

City:

State:

Zip:

Phone:

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Schedule of Amounts Outstanding Pre-Petition Claim

Description	Date Incurred	Amount
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Schedule of Amounts Outstanding Post-Petition Claim

Description	Date Incurred	Amount
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